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Mar 25 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000005905 (2)**

1. Corporation Name

CENTER OF LIFE, INC.

Principal Place of Business

**234 E HORNBEAM DR
LONGWOOD FL 32779**

Mailing Address

**234 E HORNBEAM DR
LONGWOOD FL 32779-2544**

3. Date Incorporated or Qualified
11/15/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

P.O. Box 740060

27

Suite, Apt. #, etc.

28

City & State

29

Zip

Country

ORANGE CITY, FL

32774

30

USA

4. FEI Number

59-3419102

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**DEVITA, DIANA F
234 E HORNBEAM DR
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **DEVITA, DIANA**
STREET ADDRESS **234 E HORNBEAM DR**
CITY - ST - ZIP **LONGWOOD FL 32779**

TITLE **D** ☐ DELETE

NAME **MARIA, GIOIA**
STREET ADDRESS **234 E HORNBEAM DR**
CITY - ST - ZIP **LONGWOOD FL 32779**

TITLE **D** ☐ DELETE

NAME **STEVENS, DONNA**
STREET ADDRESS **1124 S MAGNOLIA**
CITY - ST - ZIP **PALASTINE TX 75801**

TITLE **D** ☒ DELETE

NAME **MECHEM, LINDA**
STREET ADDRESS **3135 ZION CHURCH RD**
CITY - ST - ZIP **DALLAS GA 30132**

TITLE **D** ☐ DELETE

NAME **LANG, JANET**
STREET ADDRESS **8380 COUNTY RD 32-C**
CITY - ST - ZIP **LOVELAND CO 80538**

TITLE **D** ☐ DELETE

NAME **BOBROWSKI, DEBRA**
STREET ADDRESS **5569 N COUNTY RD 29**
CITY - ST - ZIP **LOVELAND CO 80538**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Diana F. DeVita** **DIANA F DeVita, Pres. 3/20/97 (407) 263-4156**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0012031

CR2E037 (9/96)